

SOUTH DAKOTA HEALTH PROFESSIONALS ASSISTANCE PROGRAM

4400 WEST 69TH STREET #600 ♦ SIOUX FALLS SD 57108
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WORK QUALITY ASSESSMENT FORM

Name of Individual Monitored:		
Name of Work Quality Assessor:	Telephone:	
Professional Relationship to Monitored Individual:		
Name of Facility:		
Address:		
Date of Report:	Report Time Frame: From	To
Date of Initial Employment:		
Number of Hours Worked During Reporting Period:		
Number of Sick Days:	Number of Vacation Days:	

Signature: _____

- [I] The list below includes a series of behaviors which describe unsatisfactory job performance and may help to identify a troubled or at-risk individual. Please indicate each situation that pertains to the monitored individual.

ABSENTEEISM

- ☐ Instances of leaving without permission
- ☐ Excessive sick leave
- ☐ Frequent Monday and/or Friday absences
- ☐ Repeated absences, particularly if they follow a pattern
- ☐ Lateness at work, especially on Monday mornings, and/or returning from lunch
- ☐ Leaving work early
- ☐ Peculiar and increasingly unbelievable excuses for absences or lateness
- ☐ Absent more often than other employees for colds, flu, etc.
- ☐ Frequent unscheduled short-term absences (with or without medical explanation)

"ON THE JOB" ABSENTEEISM

- ☐ Continued absences from post more than job requires – "goofing off"
- ☐ Long coffee breaks, lunch breaks
- ☐ Repeated undealt with physical illness on the job
- ☐ Frequent trips to the restroom

UNEVEN WORK PATTERN

- ☐ Alternate periods of high and low productivity

HIGH ACCIDENT RATE

- ☐ Accidents on the job
- ☐ Accidents off the job, but affecting job performance
- ☐ "Horseplay" which causes unsafe conditions

GENERAL LOWERED JOB EFFICIENCY

- ☐ Coming to or returning to work in an obviously altered condition
- ☐ Missed deadlines, unreliable
- ☐ Complaints from patients, family members
- ☐ Improbable excuses for poor job performance
- ☐ Cannot be depended on to be where they say they will be or do what they say they will do
- ☐ Shuns job assignments, incomplete assignments

OTHER BEHAVIORS

- ☐ Sleeping on the job
- ☐ Withdraws from others, isolates self
- ☐ Mood swings
- ☐ Increasing irritability
- ☐ Relates problems at home, with relationships, with finances, etc.

CONFUSION / PROBLEMS WITH MEMORY

- ☐ Difficulty following instructions
- ☐ Increasing difficulty handling complex assignments
- ☐ Difficulty in recalling instructions, details, conversations, etc.
- ☐ Difficulty recalling one's own mistakes

DIFFICULTY IN CONCENTRATION

- ☐ Work requires greater effort
- ☐ Jobs take more time
- ☐ Repeated mistakes due to inattention
- ☐ Making bad decisions or using poor judgment
- ☐ Errors in documentation
- ☐ Forgetfulness

POOR EMPLOYEE RELATIONSHIPS ON THE JOB

- ☐ Failure to keep promises and unreasonable excuses for failing to keep promises
- ☐ Over-reaction to real or imagined criticism
- ☐ Borrowing money from co-workers
- ☐ Unreasonable resentments
- ☐ Avoidance of associates
- ☐ Lying and exaggerating
- ☐ Complaints from co-workers, supervisors, other staff
- ☐ Blames others for problems

- [II] Review the items that you have checked. Document each occurrence in your personnel records; include that documentation with this report. Please comment on the behaviors marked on the checklist.
- [III] Please describe the individual's strengths and those areas needing improvement in his/her work performance.
- [IV] Please comment, if applicable, on the participant's adherence to the individual practice conditions identified in the Monitoring Plan.

[V] Rate the individual's performance regarding the following statements:

The monitored individual ...	HIGHLY DISAGREE ~ AGREE ~ HIGHLY AGREE				
The individual is able to practice in a professional manner and carry out assigned functions, including handling of controlled substances.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
The individual is able to handle stress.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
The individual, to the best of my knowledge, has remained clean and sober during this reporting period.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
The individual demonstrates timeliness and accuracy in their record keeping.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
The individual is available as scheduled.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
The individual demonstrates a professional demeanor to colleagues / staff.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
The individual demonstrates a professional demeanor to patients / clients.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
The individual's work is of overall high quality.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

- [VI] Please provide any additional significant observations or information which would assist the Health Professionals Assistance Program in its monitoring of this individual.